



Finance Department

P.O. Box 1609, Mammoth Lakes, CA, 93546

Phone (760) 934-8989

Fax (760) 934-3927

APPLICATION FOR TRANSIENT OCCUPANCY TAX (TOT) CERTIFICATE – SCHEDULES E AND F

Instructions: a) Fill out the Certificate Holder (Operator) Information box; b) Complete a Rental Property Information box for each transient occupancy unit registered under your Business Tax Certificate. For multiple units, please utilize the second page and/or make additional copies as necessary; c) Read and sign at the bottom; d) Calculate the amount due.

CERTIFICATE HOLDER (OPERATOR) INFORMATION - REQUIRED

Name _____ Business Tax Certificate Number _____

Mailing Address _____

City _____ State _____ Zip Code _____

Email Address _____ Phone _____ Cell _____

Certificate Type: Owner _____ Management Company _____ Rental Agent _____ Other _____

RENTAL PROPERTY INFORMATION (If you have multiple units, please list each unit on the back page)

New Application _____ Addition to Existing Business Tax Certificate _____ Replacement Copy _____

Property Street Address _____

City _____ State _____ Zip Code _____

Property Complex Name and Unit No. _____

Maximum Legal Occupancy Limit (200 sq. feet per occupant) _____

Maximum Nightly Room Rate (the highest room rate you will charge) _____

Local 24-hour Emergency Contact _____ Phone/Cell _____

Waste Disposal Information (i.e. property mgmt., dumpster on-site, self-haul) _____

Assessor's Parcel Number (Internal Use Only) _____

I certify under penalty of perjury that all information contained herein is accurate, to the best of my knowledge. I certify that the designated property manager, the local contact person, and I have read all regulations pertaining to the operation of a transient rental unit, and I agree to comply with all conditions of the Transient Occupancy Tax (TOT) Certificate issued by the Town of Mammoth Lakes. I acknowledge that pursuant to Municipal Code Section 3.12.020, I will maintain a set of books and records, which shall contain all of the information necessary for the computation of any tax due and that the Town shall have the right to audit these records at any time. I certify that all designated bedrooms meet all local safety and building code requirements. I will use licensed individuals or vendors for any type of unit service (cleaning, plumbers, etc). I acknowledge that I will post the TOT Certificate in the transient rental unit. I acknowledge that the Town of Mammoth Lakes has the right to inspect this property at any time. I will notify the Town if ownership or management of the unit changes.

Certificate Holder Signature _____ Date _____

Fees Due: \$23.00 per TOT Certificate Number of Certificates _____ x \$23.00 = \$ _____

Please make checks payable to the Town of Mammoth Lakes

RENTAL PROPERTY INFORMATION (If you have multiple units, please list each unit on the back page)

New Application _____ Addition to Existing Business Tax Certificate _____ Replacement Copy _____

Property Street Address _____

City _____ State _____ Zip Code _____

Property Complex Name and Unit No. _____

Maximum Legal Occupancy Limit (200 sq. feet per occupant) _____

Maximum Nightly Room Rate (the highest room rate you will charge) _____

Local 24-hour Emergency Contact _____ Phone/Cell _____

Waste Disposal Information (i.e. property mgmt., dumpster on-site, self-haul) _____

Assessor's Parcel Number (Internal Use Only) _____

RENTAL PROPERTY INFORMATION (If you have multiple units, please list each unit on the back page)

New Application _____ Addition to Existing Business Tax Certificate _____ Replacement Copy _____

Property Street Address _____

City _____ State _____ Zip Code _____

Property Complex Name and Unit No. _____

Maximum Legal Occupancy Limit (200 sq. feet per occupant) _____

Maximum Nightly Room Rate (the highest room rate you will charge) _____

Local 24-hour Emergency Contact _____ Phone/Cell _____

Waste Disposal Information (i.e. property mgmt., dumpster on-site, self-haul) _____

Assessor's Parcel Number (Internal Use Only) _____

RENTAL PROPERTY INFORMATION (If you have multiple units, please list each unit on the back page)

New Application _____ Addition to Existing Business Tax Certificate _____ Replacement Copy _____

Property Street Address _____

City _____ State _____ Zip Code _____

Property Complex Name and Unit No. _____

Maximum Legal Occupancy Limit (200 sq. feet per occupant) _____

Maximum Nightly Room Rate (the highest room rate you will charge) _____

Local 24-hour Emergency Contact _____ Phone/Cell _____

Waste Disposal Information (i.e. property mgmt., dumpster on-site, self-haul) _____

Assessor's Parcel Number (Internal Use Only) _____